IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 095768 PIN# 4726139883 DATE 5/1/01

OWNER OR CONTRACTOR Jim Bustle PHONE Business — Home (704) 838-0635

ADDRESS 581 Scotts Creek Rd Statesville N.C. 28625

LOCATION Hwy 115 N, @ Scotts Creek Rd, about 2 miles on Left hand side road in front of Arlington's Chicken House

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25 gpd/ft2

Septic Tank: 1,000 Gallons: STB 1012 Date 11-3-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 5 @ 96' Trench Width 36" Max Trench Bottom Depth 36

X New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity, Conventional
Repair System Description: Pump, Conventional
Maintenance Agreement Required Yes X No

Gravel Depth 12 Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

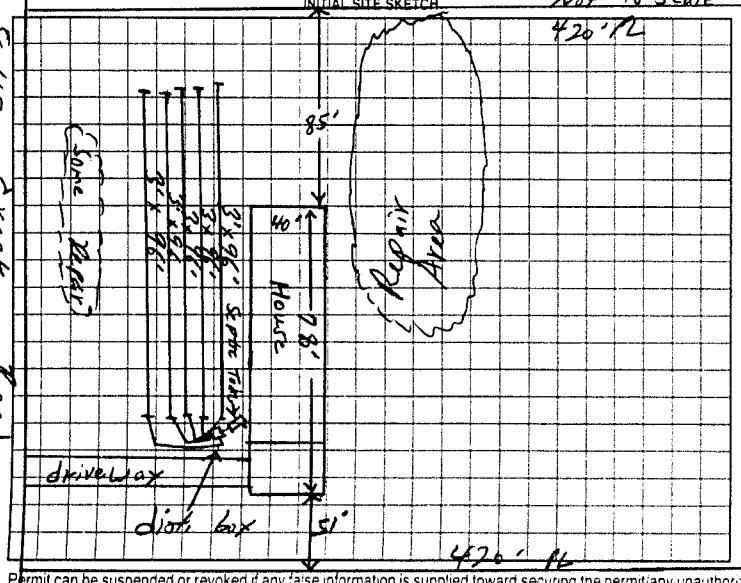
X House/Mod Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual X Public ☐ Community

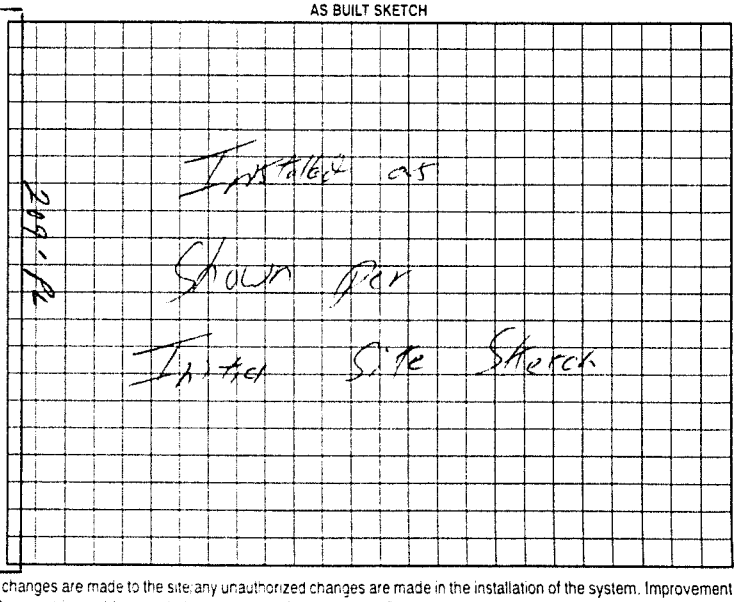
Comments/Conditions: ① Do not install a tee or ell ② Keep liner 10ft from House ③ Keep water line 10ft from septic System

Comments/Conditions: - Poly Lok Filter - Septic Tank Risers Installed

INITIAL SITE SKETCH Not to Scale



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit, any unauthorized changes are made to the site, any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit - not to exceed sixty months.

Signed: Vanetta D Bustle date 5/2/01

Improvement Permit by: William O Johnson RSI date 5/4/01

Authorization to Construct by: William O Johnson RSI date 5/4/01

Installed by David Yount date _____

Operation Permit by: William O Johnson date 4/2/02

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK